



August 29, 2016

## Performance Improvement in the Pre-Operative Unit at LAC+USC Medical Center



The LAC+USC Medical Center Perioperative Services Unit.

### A Message From the Director



Mitch Katz, MD

Imagine you are due to have surgery. You are nervous. You wake up at 3am to dress and travel through the dark to the hospital so that you will be on time for the 4:30am registration. And then you wait. And then you wait. All the time anxious about the surgery.

I have had surgery twice with general anesthesia, and I remember how frightening the time was in the hospital waiting to be wheeled into the operating room and put under anesthesia.

And what would be even worse than having a long wait, would be if it turned out, after all the waiting and preparation, that the surgery had to be canceled because a necessary laboratory test wasn't done beforehand, or critical staff were unavailable.

That is why I am so grateful to Dr. Wei and the perioperative team (see story to the right) for addressing the "small" issues that can prevent us from being able to provide the "big" service: a high quality surgery and hospital experience for our patients. If we can perform complicated robotic surgery, surely we can get the pre-operative laboratories drawn on time! It really is like our Chief Nurse Anesthetist says: seeing the process through our patients' eyes.

My children go back to school this week. Thank goodness! I think the free time between the end of camp and the start of school, with nothing to do, is a bad idea. Best wishes.

A team of LAC+USC physicians, nurses and administrators leading a performance improvement project began testing this month whether staggering the arrival of patients to the pre-operative (A5C) unit will improve start times in the hospital's 25 operating rooms. Currently, only 34 percent of first cases are "wheels in" within five minutes of scheduled start time.

In lieu of having all elective surgery patients arrive for registration at 4:30 AM, first cases are staggered by 15 minutes starting at 4:30 AM through 6:00 AM; second cases arrive from 6:00 AM through 7:30 AM; and third cases arrive starting at 8:00 AM.

The multi-disciplinary team, coined "Operation Periop," has met for 10 months to identify process inefficiencies that can leave patients idling for hours before surgery and limit full utilization of the operating suites. The team's goal is to have 80% of first cases in the

operating room on time by August 31.

Eric Wei, MD, associate medical director of quality, safety and risk and project lead, says the team is using Lean principles to identify inefficiency, or waste, at every step in the perioperative process. Staff walk through the process in the patient's shoes, map out the current state and look for waste and the underlying root causes of delayed surgical starts. New workflows are then identified and tested, with successful ones being adopted across all ORs.

Waste can take many forms. Registration delays, repetitive questions, surgery cancellations, missing team members for pre-op huddles, communication gaps with patients in days leading up to surgery, and delays in correct room setup are a few examples.

"Staff feel frustrated with our processes and feel helpless to create change," says Wei. "As healthcare moves from volume

(See 'LEAN' on back)

### Productivity and Quality Commission Gives Nod to DHS

By Michael Wilson

A program that helps cervical cancer patients navigate healthcare, and another that provides comprehensive medical care to low-income uninsured patients, will receive awards from the County's Productivity and Quality Commission in October, it was announced this month.

The Productivity and Quality Awards Program (PQAP) annually recognizes County-administered programs that improve services to residents, reduce costs, and raise the bar in quality and efficiency.

The Olive View-UCLA Medical Center Cervical Cancer Navigation program eliminates barriers to care and reduces treatment time to improve survival rate. Navigators assist patients along the continuum of care, including primary and specialist visits, to ensure patients follow treatment regimens and care is coordinated timely. The goal is for patients to complete radiation treatment within 63 days.

Recognized by America's Essential Hospitals and the American Cancer Society, the program incorporates clinical best practices



The Olive View-UCLA cancer navigator program supports patients during difficult times that can be confusing and overwhelming.

and national care guidelines.

The My Health L.A. (MHLA) coverage program provides a comprehensive array of services to over 145,000 low-income patients through a network of 200 contracted nonprofit agencies called Community Partners. Primary and specialty care, hospitalization, prescriptions, and dental services are covered free of charge. The program is funded through an annual allocation by the Board

(See 'PQAP' on back)



(‘LEAN’)

to value, the old ways of doing things won’t get us where we need to be as a patient-centered, high reliability organization.” To solve the challenges in the OR with regard to delayed surgical starts, the Operation Periop team plans to develop pre-surgery checklists, a standardized phone script for patient reminder calls 48 hours before surgery, new flows for patients requiring nerve blocks, and to rethink where provider huddles should occur. Potential solutions as simple as a basic folder for patients to keep their pre-surgery materials organized, improved signage, or placing volunteers at entrances to help patients get to A5C on time, will be implemented alongside more complex efforts including



The “Operation Periop” multidisciplinary team is using Lean methodology to improve start times in the hospital’s operating suites.

revisions to operational guidelines and consent protocols. Chief Nurse Anesthetist Kari Cole, CRNA, EdD, has worked at the hospital for 20 years, and says the project has forced her to look at the bigger upstream issues that impact the patient’s experience. “It’s not until you actually experience the process through the patient’s eyes, do you see how a project like Operation Periop can transform the healthcare we provide to our patients on a daily basis. This has truly opened my eyes to how much better we can be for each other, and the importance of collaboration with team members for our organization’s future.”

## Upgraded Phone System Coming to a Desk Near You

By Kathy Barker

The DHS mission and commitment to provide high-quality health care has resulted in several planned and completed new construction projects. These new facilities are designed with the best technology available, and voice communications (e.g. telephones, voicemail, call centers, etc.) is an essential component. Voice over Internet Protocol (VoIP) is the new technology replacing our older outdated telephone systems which have been in service for over 20 years or more in our facilities. Additionally, the Federal Communications Commission (FCC) has mandated network providers (i.e. AT&T, Verizon, etc.) to transition to IP-based technology by 2020. This opportunity paves the way for DHS to upgrade the existing voice communication systems to the latest technology. When finished, the conversion to VoIP will impact all DHS employees. This massive undertaking is supported by DHS IT staff, ISD, and multiple vendors to ensure a smooth transition is achieved at every DHS facility.

### VoIP benefits include:

- A standardized voice communication platform DHS-wide
- Increased efficiencies and decreased costs
- Desktop calls can be answered on a personal mobile device (e.g. smart phone or tablet)
- Dialing only the last 5 digits of a telephone number to reach any internal DHS facility, no area code(s)
- Clinical desktop calls and alerts can be transferred to wireless handsets (e.g. nurse calls, etc.)

One of the greatest advantages is that it helps our bottom-line with the ability to make phone calls DHS-wide, bypassing the phone company (and its charges) entirely!



A workgroup is leading DHS’ transition to a new enterprise phone system.

### Currently the conversion schedule is as follows:

#### Phase 1: Completed

- HDHS
- LAC+USC (Clinic Tower)
- MLK

#### Phase 2: Completed

- ACN
- RLA (Aug. 30th)

#### Phase 3: Planning

- OVMC
- HSA (Figueroa & Ferguson)
- MCS (Alhambra & Monterey Park)
- EMS (Pioneer & Slusher)
- LAC+USC (General Lab, Juvenile Court, Rand Schrader)

#### Phase 4: TBD

- HUCLA

The need for resilient and scalable voice systems in a clinical environment is critical. Over 14,000 phones have been replaced so far. DHS-IT looks forward to continuing this effort until we cross the finish line!

care setting, thereby minimizing the need to use costly emergency rooms. The County first began partnering with community clinics in the 1990s to improve access to care for the uninsured.

## Primary Care Clinics Open in DPH Facilities

By Deedra Williams



On July 1, the Department of Health Services (DHS), in collaboration with the Department of Public Health (DPH), opened two new primary care clinics at DPH’s Torrance Health Center and Curtis Tucker Health Center in Inglewood. “This is the first time in years that we’ve opened new clinic locations,” said Mitchell Katz, MD, director of the L.A. County Health Agency. These co-located sites represent the integration efforts of leadership from both departments working together to achieve a common goal under the Health Agency: increase consumer access and enhance the patient experience. Thuy Banh, an assistant administrator for the Ambulatory Care Network’s Coastal Health Centers, said the clinics “provide opportunities to leverage each department’s expertise and to work together on outreach programs.”

By utilizing existing DPH infrastructure, the expansion of primary care to geographical areas not presently served by DHS sites will allow the department to more easily open access to patient communities.

For patients, the sites offer an opportunity to seek care closer to home, or a chance to interact with DHS for the first time. Curtis Tucker Health Center patient Irma Enriquez applauded the convenience of accessing services provided by two departments at one site. “My visit was good, friendly, very fast, and the clinic is close to my mother’s home so she took care of my child. Staff were very kind to me and gave me good services.” Enriquez told staff she would recommend Curtis Tucker to her mother to receive the same “great care.”

Thus far, one of the central aims of colocation — to meet the growing access demands placed on our health systems — is being fulfilled by making primary care services more accessible to local residents.

## Rio Magic for DHS Employee



It’s not every day that you stand center court at the Olympic Games where the world is watching. Elaine Kong, a senior information systems analyst at the Health Services Administration Building, traveled to Rio de Janeiro to serve as an umpire for Badminton at the Summer Games. Elaine also umpired the gold medal matches in the 2004 Athens Games (women’s singles) and the 2008 Beijing Games (men’s doubles). She stresses that, like the athletes, it is a special honor to be selected to represent the USA as a technical official.

## FAST FACTS From Dr. Katz

Michael Wilson  
Editor

Robin Young  
Layout & Design

Lisa Finkelstein  
Phil Rocha

Contributors

Marife Mendoza  
Rosa Saca